



State of Wisconsin Dept. of Natural Resources

Medical Waste



WISCONSIN'S MEDICAL WASTE RULES

Wisconsin's medical waste management rules to decrease the risk of injury and infection to people who handle infectious waste. The rules also help generators to cut costs and to follow the state's recycling law. This fact sheet summarizes the rule's basic provisions.

How do the rules fit in with existing regulations? The rules, adopted in 1994, revised the existing solid waste rules, chapters NR 500-536 of the Wisconsin Administrative Code, under which the Wisconsin Department of Natural Resources (DNR) had regulated and defined infectious waste since 1970. The rule also promotes better waste management practices and alternatives to disposables in medical facilities, which complement the state's recycling laws. The medical waste rules are mostly in chapter NR 526, with some definitions in statutes and in chs. NR 500 and 600, fee schedule in ch. NR 520 and licensing of treatment facilities in ch. NR 502.

Who is affected by the medical waste rules? The rules affect infectious waste generators and handlers. Generators include anyone who generates infectious waste, such as hospitals, clinics, nursing homes, home health care providers, first aid stations in schools and industries, farmers and individuals who inject drugs. Waste handlers include anyone who handles, transports, stores, processes, burns or disposes of infectious waste.

How do the rules affect waste generators? All generators must follow basic safety requirements. Individuals who generate waste at home ("home generators") must follow the safety requirements for sharps only. All generators, except home generators, must keep records of the amount of infectious waste sent off-site for treatment. Generators producing more than 50 pounds per month of infectious waste must use manifests and submit annual reports. Many generators, even some medical facilities, will fall under the 50 pounds per month limit for manifests and annual reports.

How do the rules affect waste transporters? All transporters must follow the safety requirements and must sign and pass on infectious waste manifests. Vehicles transporting more than 50 pounds per month of infectious waste must be licensed to haul infectious waste. Solid waste transportation services must obtain a separate license if they wish to continue to transport infectious waste.

How are the rules arranged? The medical waste rules consist of three parts:

- General provisions, including definitions of terms.
- Infectious waste management, including safety and administrative requirements.
- Medical waste reduction requirements for hospitals, clinics and nursing homes.

These three parts are discussed on the following pages.

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GENERAL PROVISIONS

How are "infectious waste" and "medical waste" defined? Medical and infectious waste are defined by Wisconsin statutes as follows:

Infectious waste is "solid waste which contains pathogens with sufficient virulence and quantity that exposure of a susceptible human or animal to the solid waste could cause the human or animal to contract an infectious disease." [s. 144.48 (1)(b), Wisc. Stats.]

Medical waste means "infectious waste and other waste that contains or may be mixed with infectious waste." [s. 159.07 (7)(c) 1.c., Wisc. Stats.]

What kinds of items are considered to be infectious waste? According to s. NR 526.05, infectious waste can include:

- Contaminated or unused or disinfected sharps which are being discarded. Sharps include hypodermic needles, syringes with needles, scalpel blades, lancets, broken glass vials, broken rigid plastic vials and laboratory slides.
- Bulk blood and body fluids from humans.
- Microbiological laboratory wastes such as cultures derived from clinical specimens and laboratory equipment that contacts the cultures.
- Human tissue.
- Tissue, bulk blood or body fluids from an animal which is carrying an infectious agent that can be transmitted to humans, such as rabies.

The following items are usually not considered infectious:

- Items that are soiled or spotted, but not saturated, with human blood or body fluids. Examples: blood-spotted gloves, gowns, dressings, surgical drapes, diapers and feminine hygiene products.
- Containers, packages, waste glass, laboratory equipment and other materials which have had no contact with blood, body fluids, clinical cultures or infectious agents.
- Non-infectious animal waste, such as manure and bedding, and tissue, blood and body fluids or cultures from an animal which is not carrying an infectious agent that can be transmitted to humans.

However, if these items were mixed with infectious wastes, they would have to be managed as though they were infectious.

INFECTIOUS WASTE MANAGEMENT

What are the safety requirements? NR 526 sets basic safety requirements for everyone who generates or handles infectious waste. These rules are very similar to OSHA requirements for worker safety, and if any NR 526 requirement conflicts with an OSHA rule, OSHA prevails. The rules are similar to what medical waste generators and handlers do to comply with OSHA. People who administer their own drugs or receive health care at home must follow only the safety requirements for needles and other sharps.

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Safety requirements can be found in the following sections:

Sections NR 526.06 through 526.08 for separating, containing and handling infectious waste.
Section NR 526.09(4) for storing and transferring infectious waste.
Section NR 526.10(3) for transporting and shipping infectious waste.
Sections NR 526.11 and 526.12(4) for treating infectious waste.
Section NR 526.13 for disposing of infectious waste.

What about sharps? Sharps must be incinerated, disinfected, or otherwise treated to render them non-infectious, broken and non-reusable before they are disposed of in a landfill. Home generators need to make sure they package discarded sharps properly to reduce the risk to the people who will be treating and handling those sharps. NR 526 promotes the safe, convenient collection of sharps by enabling hospitals, pharmacies, municipalities and others to collect sharps from people who generate small amounts of needles, syringes and other sharps. These "sharps collection stations" must provide the service at or below cost to customers. The stations do not have to obtain a license to store waste, but must notify the DNR of their existence.

What are the administrative requirements? Administrative requirements in NR 526 include paperwork and licensing, but both have been deliberately kept to the minimum necessary to implement and enforce the statutory mandates and to promote proper treatment and disposal. Individuals who generate infectious waste at home are exempt from all paperwork requirements. Generators who send more than 50 pounds per month (lb/mo) off-site for treatment must use infectious waste manifests and submit infectious waste annual reports. Other requirements include special licenses for transporting infectious waste and registration of places which collect sharps. Commercial infectious waste storage and treatment facilities are licensed under ch. NR 502.

What are manifests and who has to use them? Infectious waste manifests are shipping papers which help track the transportation, treatment and disposal of infectious waste. Manifests accompany the waste from generation to disposal, but unlike hazardous waste manifests, copies are not sent to the DNR. Generators retain the original manifests and must summarize them in an annual report to the DNR. Medical facilities and other non-home generators who send less than 50 lb/mo off site for treatment don't need to use the manifests unless they want to, but they must keep records of how much waste is sent off-site.

Who has to submit infectious waste annual reports on manifests? Generators who have sent more than 50 pounds away for treatment in any one month of a calendar year, starting in the year 1995. For more information, order the publication "About the infectious waste annual report".

What are the exemptions? People who generate or manage small quantities of infectious waste may be exempt from administrative requirements such as licensing and paperwork. See the following exemptions in chapter NR 526 for details:

Section NR 526.04(1) for general exemptions
Section NR 526.04 (2)-(8) for specific exemptions (home generators, sharps collection stations, emergency response, funeral directors, research, etc.)
Section NR 526.09(2) for storage and transfer licenses.
Section NR 526.10(2) for transportation licenses.
Section NR 526.12(2) for treatment licenses.
Section NR 526.14(2) for manifests and keeping records of amounts generated.
Section NR 526.15(2) for infectious waste annual reports.

MEDICAL WASTE REDUCTION

Who must reduce medical waste? All generators must keep infectious waste separate from other wastes, and this reduces what must be managed as if it were infectious. Hospitals, clinics and nursing homes ("medical facilities") must go a step further, by writing and implementing plans to reduce medical waste. Medical facilities generating less than 50 lb/mo are exempt from planning requirements but are encouraged to find ways to reduce wastes, to improve waste management, and to evaluate alternatives to disposables.

What do medical facilities have to do? Medical facilities must first adopt a medical waste reduction policy. The policy commits the facility to the general process of reducing waste, which is as follows:

- Audit waste management practices.
- Set goals for reducing waste.
- Examine alternatives to using disposable items.
- Prepare and implement a medical waste reduction plan.
- Submit annual progress reports to the DNR.
- Educate and train staff.
- Evaluate the plan annually and update it every five years.

One piece of the process, the waste reduction plan, must describe the results of the waste audit, establish waste reduction goals, and tell how the facility will manage and reduce medical waste, evaluate alternatives to disposable items, train staff and review progress (see s. NR 526.19, Wis. Adm. Code). The plan also must address other planning elements, such as costs and incentives, which are found in successful waste reduction programs of many kinds. These elements help the medical facility both reduce waste and save money in the long run.

Who sets the goals for reducing medical waste? Each medical facility sets its own numerical goal for reducing waste, but must also address the general goals found in s. NR 526.19(3).

What are the deadlines for reducing medical waste? As of 1997, all medical facilities (unless exempt) should have adopted their policies, implemented their plans, sent a summary of the plan to the DNR and reported on their progress to the DNR along with their annual reports on manifests (see previous page). Deadlines for medical facilities to implement their plans were staggered according to the amount of waste generated; those generating more than 500 lb/mo were to have implemented their plans by November 1, 1995, those generating 200 to 500 lb/mo by November 1, 1996, and those generating 50 to 200 lb/mo by November 1, 1997. So, while most medical facilities had to begin reporting on manifests for the year 1995, their first progress reports on waste reduction began a year or two later. For more information, see the publication "About the infectious waste annual report".

DISCLAIMER: This fact sheet is not intended as a substitute for the regulations and statutes that apply. Rather, it is a brief summary of the topic. Please consult Wisconsin's regulations and statutes for more information.

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